

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

CO 587091

7-20-06

CLAIMS

| | AS FILED | | AFTER | | AFTER | |
|--------------|----------|------|---------------------------|------|-------|---------------------------|
| | IND. | DEP. | 1 ST AMENDMENT | IND. | DEP. | 2 ND AMENDMENT |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | 1 | | | | | |
| 7 | | | | | | |
| 8 | 1 | | | | | |
| 9 | | | | | | |
| 10 | 1 | | | | | |
| 11 | 10 | | | | | |
| 12 | 10 | | | | | |
| 13 | 10 | | | | | |
| 14 | 10 | | | | | |
| 15 | | | 1 | | | |
| 16 | | | 1 | | | |
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| TOTAL IND. | 14 | | 1 | | | |
| TOTAL DEP. | 19 | | 13 | | | |
| TOTAL CLAIMS | 23 | | 14 | | | |

| | AS FILED | | AFTER | | AFTER | |
|-----|----------|------|---------------------------|------|-------|---------------------------|
| | IND. | DEP. | 1 ST AMENDMENT | IND. | DEP. | 2 ND AMENDMENT |
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